



DEPENDENT ENROLLMENT FORM
(For Married EMPLOYEES)
POLICY PERIOD: SEPTEMBER 6, 2018 – SEPTEMBER 5, 2019

EMPLOYEE ID: _____ EMPLOYEE NAME: _____

PART I: ENROLLMENT OF DEPENDENT/S

(Applicable only if employee is changing status from single to married or adding another child within the 3 allowed)

I WISH TO ENROLL THE FOLLOWING AS MY DEPENDENT/S:

#	NAME OF DEPENDENTS			RELATIONSHIP TO THE EMPLOYEE:	CIVIL STATUS	GENDER (M/F)	DATE OF BIRTH (MM/DD/YYYY)	ENROLL FOR PHILHEALTH (If dependent is not a Philhealth member) (Y/N)
	LAST NAME	FIRST NAME	M.I.					
1.								
2.								
3.								

Notes: Enrollment for Philhealth requires an additional fee of Php 2,400/year. The additional fee is not a Philhealth contribution. It means that Maxicare will cover the Philhealth portion during availment of services.

PART II: AVAILMENT OF FLEXIBLE OPTIONS

Following are additional options for the policy year 2018 – 2019. Please mark the option/s that you are availing. The applicable rates for the following options are provided in the tables below.

TOP UP OPTIONS Increases the benefit limit	Pls Mark	VOLUNTARY SOLUTIONS Enrollment of additional dependents in excess of the 3 allowed	Pls Mark
Double the Dreaded Disease Limit	<input type="checkbox"/>	Children of married employees up to 25 years old	<input type="checkbox"/>
Additional 50K Inpatient MBL	<input type="checkbox"/>	Parents of married employees up to 65 years old	<input type="checkbox"/>
Additional 100K Inpatient MBL	<input type="checkbox"/>	Overage parents of married 66 to 70 years old	<input type="checkbox"/>
		Overage parents of married 71 to 75 years old	<input type="checkbox"/>

Conditions for the availment of Top up options:

1. The **full cost** of availing the top up option will be to the account of the employee.
2. Should an employee choose any of the top up options, the additional benefit will be applied to him/her and to the rest of the enrolled dependents.
3. The benefit limit of the dependents should be the same as the principal and with the rest of the other dependents.
4. Upgrade should be made for all members of the family unit as dependents’ limit should not be higher than the employee’s limit.
5. Enrollment in this option may only be done from **Sept 06, 2018 – Oct 05, 2018**.
6. Midyear enrollment or changes will not be allowed.

Conditions for the availment of Voluntary Solutions option:

1. The **full cost** of enrolling additional dependent/s will be to the account of the employee.
2. Hierarchy rule will still be followed.
3. The benefit limit of the additional dependent/s should be the same as the principal and with the rest of the other dependents
4. Enrollment in this option may only be done from **Sept 06, 2018 – Oct 05, 2018**.
5. Midyear enrollment or changes will not be allowed.

ENROLLMENT OF ADDITIONAL DEPENDENT/S UNDER THE VOLUNTARY SOLUTIONS

I WISH TO ENROLL THE FOLLOWING **ADDITIONAL DEPENDENT/S**.

#	NAME OF DEPENDENTS			RELATIONSHIP TO THE EMPLOYEE	CIVIL STATUS	GENDER (M/F)	DATE OF BIRTH (MM/DD/YYYY)	ENROLL FOR PHILHEALTH (If dependent is not a Philhealth member) (Y/N)
	LAST NAME	FIRST NAME	M.I.					
1.								
2.								
3.								
4								

Notes: Enrollment for Philhealth requires an additional fee of Php 2,400/year. The additional fee is not a Philhealth contribution. It means that Maxicare will cover the Philhealth portion during availment of services.

Below are the applicable rates for the enrollment under the **FLEXIBLE OPTIONS**.

Additional Annual Premium for the TOP UP OPTIONSto be shouldered by the employee in full:

RANK/LEVEL CLASSIFICATION	Annual Membership Premium per Member		
	Additional 50K Inpatient MBL	Additional 100K Inpatient MBL	Double Dreaded Diseases Limit
PRINCIPAL			
PLAN A (SG29 and above)	Php 330	Php 659	Php 1,731
PLAN A (SG27-28 – Members hired before September 6, 2014)	Php 330	Php 659	Php 1,385
PLAN A (SG21-26 – Members hired before September 6, 2014)	Php 110	Php 220	Php 692
PLAN B (SG25-28 – Members hired on September 6, 2014)	Php 110	Php 220	Php 519
PLAN B (SG21-24 – Members hired on September 6, 2014)	Php 110	Php 220	Php 519
PLAN C (SG21-24 Part Time Employees)	Php 110	Php 220	Php 346
DEPENDENTS (SPOUSE, CHILDREN and PARENTS)			
PLAN A (SG29 and above)	Php 330	Php 659	Php 1,731
PLAN A (SG27-28 – Members hired before September 6, 2014)	Php 330	Php 659	Php 1,385
PLAN A (SG21-26 – Members hired before September 6, 2014)	Php 110	Php 220	Php 923
PLAN B (SG25-28 – Members hired on September 6, 2014)	Php 110	Php 220	Php 692
PLAN B (SG21-24 – Members hired on September 6, 2014)	Php 110	Php 220	Php 693
PLAN C (SG21-24 Part Time Employees)	Php 110	Php 220	Php 346

Applicable Annual Premium for the VOLUNTARY SOLUTIONSto be shouldered by the employee in full:

RANK/LEVEL CLASSIFICATION	Annual Membership Premium per Member			
	Additional Child	Parent up to 65 years old	Parent 66 to 70 years old	Parent 71 to 75 years old
PLAN A (SG29 and above)	Php 17,914	Php 30,460	Php 60,920	Php 91,380
PLAN A (SG27-28 – Members hired before September 6, 2014)	Php 17,584	Php 30,130	Php 60,260	Php 90,390
PLAN A (SG21-26 – Members hired before September 6, 2014)	Php 13,095	Php 23,944	Php 47,888	Php 71,832
PLAN B (SG25-28 – Members hired on September 6, 2014)	Php 11,847	Php 20,952	Php 41,904	Php 62,856
PLAN B (SG21-24 – Members hired on September 6, 2014)	Php 10,710	Php 19,065	Php 38,130	Php 57,195
PLAN C (SG21-24 Part Time Employees)	Php 10,577	Php 18,879	Php 37,758	Php 56,637

PART III: CERTIFICATION AND AUTHORITY TO DEDUCT

This is to confirm that all information provided above pertaining to the ENROLLMENT OF DEPENDENT/S and/or AVAILMENT OF FLEXIBLE OPTIONS (Top up option or Voluntary Solution) is true and correct.

Further, together with the AVAILMENT OF FLEXIBLE OPTIONS (Top up option or Voluntary Solution), I also authorize **Optum Global Solutions (Philippines), Inc.** to deduct, from my payroll the total equivalent amount of premiums based on the premium schedule applicable to my enrollment up to a max of 18 pay periods.

I also understand that separation of employment from OGS will mean discontinuance of my HMO coverage as well as my dependents . Further, I acknowledged that any unpaid outstanding balance will be automatically deducted from my final remuneration.

I understand that this Authority to Deduct will take effect with no need of confirmation and will commence on **November 30, 2018**.

I understand that by sending a soft copy of this enrollment form to Maxicare via e-mail, it means that I am amenable to all the terms and conditions of enrollment including the authority to deduct.

By enrolling your dependent/s or upon availment of services, you and your dependent/s acknowledge and agree to abide by all the terms and conditions of dependent enrollment and the membership terms and conditions published via Maxicare website at <https://maxicare.ph/member-terms>.

SIGNATURE OVER PRINTED NAME

DATE